

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: BOULEVARD MANOR (310316)

Address: 945 LAKE GENEVA BLVD, LAKE GENEVA, WI 53147

License Status: REGULAR

Licensed/Certified/Registered 04/01/1983

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
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Survey ID: 0095588 End Date: 08/08/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008833 Served 09/24/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | | |
| 83.11(3)(a) | RESPONSIBILITIES | | |
| 83.13(4)(a) | COMMUNICABLE DISEASE CONTROL | | |
| 83.13(7)(a) | EMPLOYE PERSONNEL RECORD | | |
| 83.13(7)(b) | PERSONNEL RECORDS AVAILABLE FOR REVIEW | | |
| 83.14(1)(a)1 | RESIDENT RIGHTS | | |
| 83.14(1)(a)2 | CHALLENGING BEHAVIORS | | |
| 83.14(1)(b) | NEED ASSESSMENT AND ISP | | |
| 83.14(1)(c) | UNIVERSAL PRECAUTIONS | | |
| 83.14(2) | TRAINING DIETARY NEEDS & MENU PLANNING | | |
| 83.14(7)(b) | CONTINUING EDUCATION | | |
| 83.21(4)(c) | TELEPHONE CALLS | | |
| 83.32(2)(c)1 | ANNUAL EVALUATION-PARTICIPATION | | |
| 83.32(2)(d) | REVIEW OF PROGRESS | | |
| 83.33(2)(a) | SUPERVISION | | |
| 83.33(2)(c) | LEISURE TIME ACTIVITIES | | |
| 83.33(2)(g)3 | CBRF ARRANGE HEALTH VISITS AND DOCUMENT | | |
| 83.33(3)(b)2.e | REFRIGERATED MEDICATION IN LOCKED BOX | | |
| 83.41(10)(a) | BUILDING MAINTENANCE | | |
| 83.42(3)(e) | QUARTERLY FIRE DRILLS | | |
| 83.42(3)(f) | SLEEPING HOURS EVACUATION DRILL | | |
| 83.43(4)(a) | LOCATION OF DETECTORS | | |
| 83.43(4)(b)3 | BATTERY OPERATED AND 5 YEAR DELAY | | |
| 83.51(3)(a) | SMOKE SEPARATION | | |

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Community Based Residential Facility
CLASS ANA (NONAMBULATORY)

Survey ID: 0093248 **End Date:** 08/09/2004 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008744 Served 09/03/2004

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|--------------------------------|------------------|
| 83.42(6)(a) | FIRE INSPECTION | 05/17/2006 | Yes |
| 83.43(3)(b)1 | TESTING BY SERVICE COMPANY | 05/17/2006 | Yes |

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 09/23/2005 **SOD #**10008833 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---50.065(2)(b)

FORFEITURE---83.13(4)(a)

FORFEITURE---83.13(7)(a)

FORFEITURE---83.13(7)(b)

FORFEITURE---83.14(1)(a)1; 83.14(1)(a)2

FORFEITURE---83.14(1)(b)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(2)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.21(4)(c)

FORFEITURE---83.32(2)(c)1

FORFEITURE---83.32(2)(d)

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(2)(c)

FORFEITURE---83.33(2)(g)3

FORFEITURE---83.41(10)(a)

FORFEITURE---83.43(4)(b)3; 83.43(4)(a)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 11/08/2004

Date Investigation Completed: 07/12/2005

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|--------------------------------|-------------------|--------------|
| SUPERVISION | SUBSTANTIATED | 10008833 |
| RESIDENT RIGHTS | SUBSTANTIATED | 10008833 |
| ABUSE | NOT SUBSTANTIATED | |
| STAFF TRAINING AND PROFICIENCY | SUBSTANTIATED | 10008833 |
| PROGRAM SERVICES | SUBSTANTIATED | 10008833 |

Date Complaint Received: 12/23/2003

Date Investigation Completed: 08/09/2004

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------|-------------------|--------------|
| ADMINISTRATION | NOT SUBSTANTIATED | |

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